



CIRRUS DX

FINAL

Accession #: W2025-000578

Name: Clark, Betty

DOB: 7/5/1973

MRN/SSN:

Sex: Female

Laboratory Information		Sample Information	Practice Information
<b>CirrusDx, Inc</b> 77 Upper Rock Circle, 4 <sup>th</sup> Floor Rockville, MD 20850  CLIA# 21D2130541  Dr. Todd Myers, Lab Director 240-813-8801 or reports@cirusdx.com		<b>Technician:</b> AJ  <b>Date Collected:</b> 10/22/2025 <b>Date Received:</b> 10/22/2025 <b>Date Reported:</b> 10/25/2025  <b>Reporting Method:</b> EMR	<b>Name:</b> Apple Urology  <b>Provider:</b> Physician, One <b>Address:</b> 123 Apple Way Farmville MD 12345 <b>Phone:</b> 987-654-3210 <b>Fax:</b> (301) 621-4254 <b>Email:</b> results@appleurology.com

## Test Information: Wound Infection Panel (WIP™) &amp; Culture Based AST (polyMIC™)

<b>Specimen Type:</b>	Wound Swab	Right foot	<b>Antibiotic Usage:</b>	Unknown
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## Detected pathogens, as determined by Wound Infection Panel (WIP™)

Organism Name	Classification	Detection Level (Organism/mL)
Acinetobacter baumannii	Gram Negative	1x10 <sup>7</sup>
Escherichia coli	Gram Negative	1x10 <sup>7</sup>
Anaerococcus spp.	Gram Positive	1x10 <sup>7</sup>
Enterococcus faecalis	Gram Positive	1x10 <sup>7</sup>

## Antibiotic Susceptibility (polyMIC™)

Antibiotic Susceptibility was determined using culture

Oral / Topical Antibiotics	Amoxicillin / Clavulanic Acid	Azithromycin	Ciprofloxacin	Clindamycin	Doxycycline	Levofloxacin	Linezolid	Minoxycline	Omadacycline	Trimethoprim-Sulfamethoxazole	Bacitracin (Topical)	Neomycin (Topical)	Polymyxin B (Topical)
<i>A. baumannii</i>	iR	iR	R	iR	S	R	iR	R	R	S			
<i>E. coli</i>	S	iR	R	iR	S	R	iR	R	S	R		R	R
<i>Anaerococcus spp.</i>	S		R										
<i>E. faecalis</i>	S		R	iR	S	R	R	R	S	iR			iR



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## Antibiotic Susceptibility (polyMIC™)

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IV Antibiotics	Amikacin	Cefazolin	Ceftriaxone	Ertapenem	Gentamicin	Imipenem	Meropenem	Penicillin G	Piperacillin / Tazobactam	Tobramycin	Vancomycin
<i>A. baumannii</i>	R		R	iR	R	R	R	iR	R	R	iR
<i>E. coli</i>	R	R	R	R	R	R	R		R	R	iR
<i>Anaerococcus spp.</i>			R	R		R	R	R	R		
<i>E. faecalis</i>	iR	iR			iR	R	R	R	R	iR	R

## General Comments

None.



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**Notes:**

Questions including Clinical Consultation on Results: 240-813-8801 or reports@cirrusdx.com

**Organism Tested (Reference Range):**

Organism List	
Reference Range is listed next to each organism	
Acinetobacter baumannii < 1x10 <sup>3</sup>	Klebsiella oxytoca < 1x10 <sup>4</sup>
Anaerococcus spp. (A. vaginalis)* < 1x10 <sup>4</sup>	Klebsiella pneumoniae < 1x10 <sup>4</sup>
Bacteroides fragilis < 1x10 <sup>3</sup>	Methicillin Resistance (mecA/mecC) Not Detected
Candida spp. (C. albicans, C. glabrata, C. krusei, C. parapsilosis, C. tropicalis) < 1x10 <sup>3</sup>	MRSA (Methicillin-resistant Staphylococcus aureus) < 1x10 <sup>4</sup>
Citrobacter spp. (C. koseri and C. freundii) < 1x10 <sup>3</sup>	Peptostreptococcus spp. (P. anaerobius)* < 1x10 <sup>4</sup>
Clostridium spp. (C. perfringens and C. septicum)* < 1x10 <sup>4</sup>	Porphyromonas spp. (P. gingivalis)* < 1x10 <sup>3</sup>
CNS - Coagulase Negative Staphylococcus (S. epidermidis, S. haemolyticus, S. lugdunensis, S. saprophyticus) < 1x10 <sup>4</sup>	Prevotella bivia < 1x10 <sup>4</sup>
Corynebacterium spp. (C. tuberculostearicum and C. jeikeium)* < 1x10 <sup>3</sup>	Proteus spp. (P. mirabilis and P. vulgaris) < 1x10 <sup>4</sup>
Cutibacterium spp. (C. acnes)* < 1x10 <sup>4</sup>	Pseudomonas aeruginosa < 1x10 <sup>4</sup>
Enterobacter cloacae < 1x10 <sup>3</sup>	Serratia marcescens < 1x10 <sup>4</sup>
Enterococcus faecalis < 1x10 <sup>4</sup>	Staphylococcus aureus < 1x10 <sup>3</sup>
Enterococcus faecium < 1x10 <sup>4</sup>	Stenotrophomonas maltophilia < 1x10 <sup>4</sup>
Escherichia coli < 1x10 <sup>3</sup>	Streptococcus agalactiae < 1x10 <sup>4</sup>
Finegoldia magna < 1x10 <sup>3</sup>	Streptococcus pyogenes < 1x10 <sup>4</sup>
Klebsiella aerogenes < 1x10 <sup>4</sup>	Viridans Group Streptococci (S. mitis, S. pneumoniae, S. parasanguinis, S. sanguinis)* < 1x10 <sup>4</sup>

\*Due to the complexity of the bacteria genus, there may be other species that are detected in the assay that are not listed.

**Organisms/ml:** are based on the calculation of genome equivalents. One genome equivalent is theoretically equal to one colony forming unit (cfu).**WIP™ test method:** Wound Infection Panel, Real-Time PCR.**polyMIC™ test method:** Antibiotic susceptibility testing is performed by using culture. Reference range for antibiotics are susceptible.**Hal (H):** is the result of both Sensitive and Resistant organisms responding to an antibiotic.**Sensitive (S):** indicates the organism(s) is susceptible to the antibiotic.**Intermediate (I):** indicates the organism(s) is susceptible to the antibiotic but not at a level required to ensure effectiveness.**Resistant (R):** indicates the organism(s) is not susceptible (resistant).**Intrinsic Resistance (iR):** bacterium is known to be intrinsically resistant to this antibiotic.**Black Spaces in polyMIC™ Tables:** are there for the following reasons: the antibiotic was not cleared by the FDA for use with that bacterium, there is insufficient evidence in the literature to support using that antibiotic for that bacterium, and/or that antibiotic has been shown in the literature to not be effective against that bacterium. Laboratory susceptibility does not always predict clinical outcomes.

It is the physician's responsibility to interpret the results provided and determine the appropriate (if any) treatment options including antibiotic selection.

The assays were developed and their performance characteristics were determined by CirrusDx. They have not been cleared or approved by the US Food and Drug Administration. The FDA does not require these tests to go through premarket FDA review. This test is used for clinical purposes. It should not be regarded as investigational or for research.

This report has been reviewed and approved by:

F-270.05

Dr. Todd Myers, Laboratory Director.